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**Date:** April 3, 2006 **Total pages:** 13 including cover  
**To:** US PTO **Telephone:** **Telefax:** 571-273-8300  
**From:** Patrea L. Pabst **Telephone:** 404-879-2151 **Telefax:** (404) 879-2160  
**Our Docket No.** MBX 020 **Client/Matter No.** 077832/00077  
**Your Docket No.**

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**MESSAGE:****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicants:** Laura Madison, Gjalt W. Huisman and Oliver P. Peoples**Serial No.:** 09/235,875 **Art Unit:** 1638**Filed:** January 22, 1999 **Examiner:** Russell Kallis**For:** *TRANSGENIC SYSTEMS FOR THE MANUFACTURE OF POLY(3-HYDROXY-BUTYRATE-CO-3-HYDROXYHEXANOATE)***Attachments:**

Transmittal Form PTO/SB/21

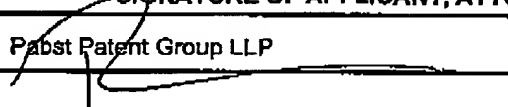
Fee Transmittal Form PTO/SB/21

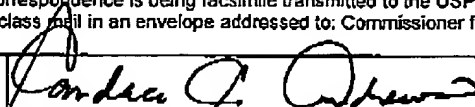
Amendment and Response

{45065202.1}

PTO/SB/21 (08-04)  
Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/235,875	<b>RECEIVED CENTRAL FAX CENTER APR 03 2006</b>
	Filing Date	January 22, 1999	
	First Named Inventor	Laura Madison	
	Art Unit	1638	
	Examiner Name	Russell Kallis	
Total Number of Pages in This Submission	12	Attorney Docket Number	MBX 020

ENCLOSURES <small>(Check all that apply)</small>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Pabst Patent Group LLP	
Signature		
Printed name	Patrea L. Pabst	
Date	April 3, 2006	Reg. No. 31,284

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Candace Andrews
Date	April 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MBX 020 077832/00077

PTO/SB/17 (01-08)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0.00

**Complete if Known**

Application Number 09/235,875

Filing Date January 22, 1999

First Named Inventor Laura Madison

Examiner Name Russell Kallis

Art Unit 1638

Attorney Docket No. MBX 020

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APR 03 2006

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-3129

Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims Extra Claims Fee (\$)

16 - 64 or HP = 0 x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

1 - 6 or HP = 0 x =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge)

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent)

31,284

Telephone 404-879-2151

Name (Print/Type)

Patrea L. Paost

Date April 3, 2006

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Applicants: Laura Madison, Gjaht W. Huisman and Oliver P. Peoples

Serial No.: 09/235,875 Art Unit: 1638

Filed: January 22, 1999 Examiner: Russell Kallis

For: *TRANSGENIC SYSTEMS FOR THE MANUFACTURE OF POLY(3-HYDROXY-  
BUTYRATE-CO-3-HYDROXYHEXANOAE)*Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed on February 10, 2006, and the very helpful telephone interview on March 8, 2006, please amend the application as follows.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.